STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Ada	m Schmidt		
II. Name of lobbyist's partnersh	ip, firm or corporation, if any	:	
Bianco Professional A	ssociation		
(Name of partners	ship, firm or corporation)	- 	
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603 225-7170	(603) 226-0165	e-mail as	chmidt@biancopa.com
(Telephone)	(Fax)		
III. This statement covers: (Choreportable expense transactions			you may file a separate report for
reportable expense transactions	which are not attributable to	any one enemy.	
☐ All reportable transactions occ	curring in the months prior to the	e reporting date relativ	ve to the following client:
(Full Name	e of Client as it appears on the Lobb	yist Registration Form)	
<u>OR</u>			
All reportable transactions by tunrelated to any particular client.	he lobbyist (including the lobby	ist's family), or the lo	obbying firm listed below which are
unrelated to any particular eliciti.			
IV. Date of Report April 26,	2017 🗌	July 26, 2017	
•	of registration to 3/31/17	activity from 4/1/17 to	
	25, 2017	January 31, 20 activity from 10/1/17 to	
uchvny from	(// I/	activity from 10/1/1/10	
V. There have been no fees re	eceived and no reportable tr	ransactions made s	ince the last report.
If this box is checked, complete ju Concord, NH 03301.	st this form and submit it to the	Secretary of State's O	yfice, State House, Room 204.
VI. Check if additional reports		. A dd a a da a	and Evmontor
•	nade expenditures, you must file im or reimbursed expenses, you		
Expense Reimbursement	in or remoursed expenses, you	mast me Addendam	D Report of Frenchanders
If you, your firm, or your fam	ily has made political contributi	ions, you must file Ad	dendum C- Political Contributions
Sworn Statement/Affirmation b	y Lobbyist RSA 14-C and RSA 664 and her	eby swear or affirm th	at the foregoing information is true
and complete to the best of my/kn	owledge and belief.	1/7()	1) A
tim SI/W	-	1120	1/0
(Signature of lobbyist)			(Date)
Adam Schmidt			RECEIVED
(Print Name of lobbyist)			

JAN 3 0 2018

NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any:	
Bianco Prof	essional Association		
	artnership, firm or corporation)		
TITE NO. COLL 4			Date 01/24/2018
III. Name of Client			Date01/24/2018
Political Contributions			
	ution that is reportable	pursuant to RSA Chap	ter 664 paid on behalf of the
client/lobbyist and lobbyi			
	· · · · · · · · · · · · · · · · · · ·		
Full name of candidate:	Morse	Chuck	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100.00	Office Candidate is	s Seeking Senator
If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	entribution on the line abo	a description of the good	ds or services provided, and enter the ution. If the actual cost is not known
actual cost of the in-kind co enter an estimated value and	ontribution on the line about the word "estimate."	eve for amount of contribution	ds or services provided, and enter the ution. If the actual cost is not known
actual cost of the in-kind co	ontribution on the line about the word "estimate." Giuda	eve for amount of contribution	ution. If the actual cost is not known
actual cost of the in-kind co enter an estimated value and	ontribution on the line about the word "estimate."	eve for amount of contribution	ds or services provided, and enter the ution. If the actual cost is not known (Middle Name/Initial)
actual cost of the in-kind co enter an estimated value and	Giuda (Last Name)	Bob (First Name)	ution. If the actual cost is not known
actual cost of the in-kind coenter an estimated value and Full name of candidate: Amount of contribution \$	Giuda (Last Name) 100.00 kind contribution, provide ontribution on the line abo	Bob (First Name) Office Candida	(Middle Name/Initial) te is Seeking: Senator ds or services provided, and enter the
Full name of candidate: Amount of contribution \$	Giuda (Last Name) 100.00 kind contribution, provide ontribution on the line abo	Bob (First Name) Office Candida	(Middle Name/Initial) te is Seeking: Senator ds or services provided, and enter the
actual cost of the in-kind coenter an estimated value and Full name of candidate: Amount of contribution \$	Giuda (Last Name) 100.00 kind contribution, provide ontribution on the line abo	Bob (First Name) Office Candida	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known,					
enter an estimated value and the word "estimate."					
(If more than three contributions were made, report additional contributions on s	separate addendum C forms.)				
Sworn Statement/Affirmation by Lobbyist					
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear o	r affirm that the foregoing information				
is true and complete to the best of inx knowledge and belief.					
NIMITALIA					
(Signature of lobbyist)	01/24/2018 (Date)				
	(Date)				
Adam J. Schmidt					
(Print Name of lobbyist)					